



March 15, 2010

Charlene Frizzera
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Medicare and Medicaid Programs; Electronic Health Record Incentive Program; RIN 0938-AP78

Dear Acting Administrator Frizzera:

The American College of Rheumatology appreciates the opportunity to comment *on the Notice of Proposed Rule Making (NPRM) entitled Medicare and Medicaid Programs; Electronic Health Record Incentive Program, published by the Centers for Medicare & Medicaid Services (CMS) in the Federal Register on January 13, 2010 [CMS-0033-P]*.

The ACR is committed to health information technology utilization to streamline and improve care delivery. We recognize that when properly implemented and utilized, HIT could improve healthcare quality and safety, simplify delivery, empower patients and significantly reduce the cost of care. The ACR supports the goals for technology enabled health care, however we also recognize that meaningful use must be carefully considered and must appropriately account for practice settings, specialties, and patient populations within the health care system.

The ACR signed on in support of the comments submitted by the American Medical Association regarding Electronic Health Record Incentive Program and strongly urges CMS to consider more reasonable timelines and criteria. However, the College has an additional concern specific to rheumatology regarding the Criteria of Meaningful Use which I have highlighted below.

Measures and Objectives (Stage 1 Criteria for Meaningful Use)

EP Objective 12: Report ambulatory quality measures to CMS or the States.

EP Measure 12: For 2011, an EP would provide the aggregate numerator, denominator, and exclusions through attestation. For 2012, an EP would electronically submit the measures.

ACR Recommendation: Due to the lack of measures and measure groups that are applicable to the practice of rheumatology, we recommend that CMS deem rheumatologists exempt from participation in a specialty measure group.

A Quality Measurement group for rheumatology providers has yet to be established, and none of the listed measure groupings are appropriate for those practicing rheumatology. Without a Quality Measurement group for rheumatology, we request that rheumatology providers be held responsible only for reporting the three core group measures and be exempt from 'specialty group measures' for the years 2011 and 2012. The ACR would like to work with CMS to define and draft electronically-reported measures addressing the sub-specialty of rheumatology for future meaningful use phases.

The College appreciates the opportunity to comment on the proposed rule regarding EHR incentive program. If you have any questions, please contact Itara Barnes at ibarnes@rheumatology.org or (404) 633-3777.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stanley Cohen', with a long horizontal flourish extending to the right.

Stanley Cohen, MD
President
American College of Rheumatology